



Pesticide Permit Application Form

Customer Service Centre

PO Box 1749, Halifax, NS B3J 3A5 Tel: (902) 490-4000

ASSESSMENT ACCOUNT NUMBER IF KNOWN			PROPERTY IDENTIFICATION NUMBER (PID) IF KNOWN		
NAME OF PROPERTY OWNER					
PROPERTY LOCATION	LOT #	CIVIC #	STREET NAME		
SUBDIVISION NAME			COMMUNITY		
MAILING ADDRESS OF PROPERTY OWNER	CIVIC #	APT. #	STREET NAME OR PO BOX #		
COMMUNITY			PROVINCE	POSTAL CODE	
DAYTIME TEL #			EVENING TEL #		
COMMERCIAL APPLICATOR INFORMATION (REQUIRED IF APPLICATOR IS NOT ABOVE NOTED PROPERTY OWNER)					
NAME OF COMMERCIAL APPLICATOR (IF APPLICABLE)					
NAME OF CONTACT PERSON					
MAILING ADDRESS OF COMMERCIAL APPLICATOR					
COMMUNITY			PROVINCE	POSTAL CODE	
DAYTIME TEL #			EVENING TEL #		
DESCRIPTION OF INFESTATION (PLEASE SEE INSTRUCTIONS ON REVERSE OF THIS FORM)					
INSECT INFESTATION		BRIEFLY DESCRIBE INFESTATION			
G YES G NO					
PLANT OR INSECT DANGER TO HUMAN BEINGS		BRIEFLY DESCRIBE DANGER TO HUMAN BEINGS			
G YES G NO					
PESTICIDE MANUFACTURER					
COMMERCIAL BRAND NAME OF PESTICIDE TO BE USED				PCP REGISTRATION NUMBER	
INFORMATION FROM LABEL INSTRUCTIONS INDICATING ACTIVE AND INERT INGREDIENTS, FORMULATION, RATIO OF APPLICATION, TARGET PESTS, ETC. (ATTACHING A LEGIBLE COPY OF THE LABEL WOULD SUFFICE)					
DESCRIBE METHOD OF APPLICATION					
IS THIS PROPERTY WITHIN 50 METERS OF AN IDENTIFIED PROPERTY WITHIN HRM'S REGISTRY?					
HAS A PRIOR REQUEST BEEN MADE FOR THIS PROPERTY?					
NAME OF COMPANY OR INDIVIDUAL WHO CARRIED OUT INFESTATION ASSESSMENT					
PROPOSED DATE OF PESTICIDE APPLICATION (DD-MM-YY)				START TIME OF PESTICIDE APPLICATION	G AM G PM
I HEREBY MAKE APPLICATION TO APPLY PESTICIDE TO THE ABOVE NOTED PROPERTY AND SWEAR THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.					
PROPERTY OWNER'S SIGNATURE				DATE:	

FOR OFFICE USE ONLY

RECEIVED BY

APPLICATION #

DATE

Revised: Feb. 28/01